## **Application for Phase II**



lame:	Date Turned in:	_
	Phone:	
	Email:	
You MUST meet the follow	ving criteria to Phase Up: (place an "X" if task is complet	ed)
	Phase 1 for a minimum of 60 days.	
Date enrolled into program:		
Vou have a minimum of 14 can	cognitive days of cobriety. What is your cobriety date.	
□ You have a minimum of 14 cons	secutive days of sobriety. What is your sobriety date:	
☐ You are engaged in treatment a		
Case Manager verificat	tion signature:	
Are you in compliance with sup	nomicion?	
· · · · · · · · · · · · · · · · · · ·	signature:	
Identify some of your biggest st		
0		
Identify come personal goals w	ou would like to accomplish in the next phase:	
	ou would like to accomplish in the liext phase:	
0		
0		
Client Signature	Date Court Coordinator Signature to Approve	Date

## **Application for Phase III**



me:	Da	te Turned in:	
	Ph	one:	
	En	nail:	
You MUST meet the foll	lowing criteria to	o Phase Up: (place an "X" if task is completed	d)
☐ You have been in Phase 2 fo	r a minimum of 9	0 days. Date entered phase 2 :	
☐ You have a minimum of 30	consecutive days	of sobriety. What is your sobriety date:	
☐ You are engaged in treatme	nt and attending i	regularly?	
	_	e:	
Are you in compliance with <b>Probation verificat</b>			
☐ Identify some of your bigge	88	ase 2:	
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	1119	1: 1 : .1 1	
	-	to accomplish in the next phase:	
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0	<del>-</del>		
Client Signature	Date	Court Coordinator Signature to Approve	Date

## **Application for Phase IV**



ame:	Date Turned in:	
ırrent Address:	Phone:	
	Email:	
You MUST meet the following	ing criteria to Phase Up: (place an "X" if task is comple	eted)
☐ You have been in Phase 3 for a m	minimum of 90 days. Date entered phase 3:	
☐ You have a minimum of 60 conse	secutive days of sobriety. What is your sobriety date:	
You are engaged in treatment ar  Case Manager verificati	nd attending regularly? tion signature:	
Are you in compliance with super Probation verification s	ervision? signature:	
☐ Engaged in recovery support gro	oups? Home group:	
☐ Engaged in pro-social activities?	? What:	
☐ Employed or going to school? W	Vhere:	
Identify some of your biggest str	cruggles in Phase 3:	
0		
	ou would like to accomplish in the next phase:	
0		
0		
Client Signature	Date Court Coordinator Signature to Approv	ve Date

## **Application for Graduation**



me:	Date Turned in:
	Phone:
	Email:
You MUST meet the fo	ollowing criteria to Phase Up: (place an "X" if task is completed)
	for a minimum of 120 days. Date entered phase 4:
You have a minimum of 9	0 consecutive days of sobriety. What is your sobriety date:
	nent and attending regularly? rification signature:
Are you in compliance wit	th supervision? cation signature:
Engaged in recovery supp	oort groups? Home group:
Engaged in pro-social acti	ivities? What:
Employed or going to scho	ool? Where:
Presented continuing care	e plan to treatment court team?
Letter prepared to submit	t to Program?
ldentify your coping respo	onses if triggered:
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0	<del>_</del>
0	
Identify some community	y resources you can reach out to if need additional support:
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Client Signature	Date Court Coordinator Signature to Approve Da